

~~title~~ ~~TX~~

Entry Blank—Please Type or Print

Ms./Artist
 Mr./Artist

KRIS V. PARKER

(last name last)

Permanent
Address

304 EDBEHILL RD. GLENSIDE PA

Street

City

19838

Daytime Tel. (215)884-7378

Zip

area

Temporary or
Studio Address

SANE

Street

City

Daytime Tel. ()

Zip

area

If you do not presently live in one of the counties of the Western Reserve, in which county were you born? CUYAHOGA

Collaborator (if any)

If May Show entries are not accepted or are not sold:

Artist will pick up at Museum.
 Museum should dispose of.
 Museum should ship to artist at artist's expense:

Street

City

State

Zip

Special Instructions

Entry Blank must be completed in full and signed; forms received unsigned will not be accepted.

When necessary, include instructions or a drawing for assembling and displaying an object.

Note carefully the dates for both delivery and return of objects. It is understood that the Museum shall dispose for its own account any objects not picked up by the dates given herein. It is also understood that accepted objects will remain on exhibition until May 27, 1990.

The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed herein.

Signature

Kris V. Parker

I have received the unsold/unaccepted object(s) in good condition.

Signature

Kris Vaiksnoras

Entry Blanks

A
 Paintings
 Sculpture

 Graphics
 Crafts

 Photography
 (specify category)

Materials used (media):

 PRINTED + WORKED FABRICS OVER
 FOAM CORE + STEEL

Title

"HIGH COST OF LIVING"

Price or NFS \$1800	Insurance Value if NFS Only	Size 28" x 52" x 6" height x width x depth
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GRAPHICS AND PHOTOGRAPHY ONLY

Additional No. For Sale	Total No. in Edition	Price of Print Unframed	Price of Frame Only
ACCEPTED <input checked="" type="checkbox"/>	DO NOT WRITE IN THIS SECTION		ACCEPTED <input checked="" type="checkbox"/>
NOT ACCEPTED <input type="checkbox"/>	4-40 25abc	ty	NOT ACCEPTED <input type="checkbox"/>

B	<input type="checkbox"/> Paintings <input type="checkbox"/> Sculpture	<input type="checkbox"/> Graphics <input type="checkbox"/> Crafts	<input type="checkbox"/> Photography (specify category)
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Materials used (media):

Title

Price or NFS	Insurance Value If NFS Only	Size height x width x depth
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GRAPHICS AND PHOTOGRAPHY ONLY

Additional No. For Sale	Total No. in Edition	Price of Print Unframed	Price of Frame Only
ACCEPTED <input type="checkbox"/>	DO NOT WRITE IN THIS SECTION		ACCEPTED <input type="checkbox"/>
NOT ACCEPTED <input type="checkbox"/>			REC'D ACB DATE 3/3

Detach entire portion along dotted line and submit with slides, but retain tags

1990 MAY SHOW
The Cleveland Museum of Art
Cleveland, Ohio 44106

KRIS V. PARKER

Name

304 EDGE HILL RD.

Address

GLENSIDE, PA 19038

City & State

Zip

Notification #2

*Do Not
Detach*

A

Paintings Graphics Photography
 Sculpture Crafts

Title

"HIGH COST OF LIVING"

DO NOT WRITE IN THIS SECTION	ACCEPTED	NOT ACCEPTED
4-40	X	

B

Paintings Graphics Photography
 Sculpture Crafts

Title

DO NOT WRITE IN THIS SECTION	ACCEPTED	NOT ACCEPTED

Return of Objects

Not Accepted: March 27-31

Accepted: June 5-9

It is understood that the Museum shall have the right to dispose for its own account any object not called for by the dates listed.

THIS IS YOUR ONLY RECEIPT TO CLAIM YOUR OBJECT

Do Not Detach